

## **URGENT: FINAL RENEWAL NOTICE**

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Expiry Date: [Insert Expiry Date]

Dear [Insert Name],

Our records indicate that your Professional Indemnity Insurance policy is due to expire on **[Insert Expiry Date]**. This is your final notice to ensure your coverage remains active.

To prevent a lapse in your professional protection, please review your renewal documents and complete the required steps immediately. Failure to renew by the expiry date will result in the termination of your coverage, leaving you personally liable for any claims arising from your professional services.

### **Renewal Actions Required:**

- Review the attached renewal terms and premium summary.
- Confirm any changes to your business activities or annual turnover.
- Submit payment via [Insert Payment Method/Link] by [Insert Deadline Time/Date].

If you have already processed your renewal or have decided not to renew, please disregard this notice or contact us to update your status.

If you require assistance or wish to discuss your coverage, please contact our renewal team at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Your Name/Company Name]

[Your Department]

[Your Contact Information]